Image# 12970440046 PAGE 1 / 22

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other Than An Auth	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
AMERICAN COLLEG	GE OF NURSE-MIDWI	VES MIDWIVES-PAC	
ADDRESS (number and street)	8403 Colesvile Road Suite 1550		
Check if different than previously reported. (ACC)	Silver Spring		MD 20910 - L
2. FEC IDENTIFICATION N	NUMBER ▼ CIT	Y. A	STATE ▲ ZIP CODE ▲
C C00358812		THIS EPORT X NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M2) Sun 20 (M3) May 20 (M3)	(Non-Election Year Only) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20 (M	(Non-Election Year Only)
April 15 Quarterly Report		Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report	PRF-Election	Convention (12C)	Special (12S)
October 15 Quarterly Report	(Q3)	M M / D D	/ Y Y Y Y in the
January 31 Year-End Report	(YE) Election	n on	State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)		n on	in the State of
5. Covering Period	01 01 2012	through 01	M / D D / Y Y Y Y Y Y 31 2012
I certify that I have examined	this Report and to the best of	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasur	rer Meredith Graham		
Signature of Treasurer Me	redith Graham	[Electronically Filed]	Date 02 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	neous, or incomplete information	n may subject the person signing	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		56707.96
	(b) Cash on Hand at Beginning of Reporting Period	56707.96	
	(c) Total Receipts (from Line 19)	780.00	780.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57487.96	57487.96
' .	Total Disbursements (from Line 31)	1617.74	1617.74
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55870.22	55870.22
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

R	eport Covering the Period: From: 01	01 2012 To:	01 31 2012				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees						
	(i) Itemized (use Schedule A)	780.00	780.00				
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00				
	Lines 11(a)(i) and (ii)▶	780.00	780.00				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	780.00	780.00				
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
14.	Loan Repayments Received	0.00	0.00				
	Offsets To Operating Expenditures (Refunds, Rebates, etc.)						
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00				
	(Dividends, Interest, etc.)	0.00	0.00				
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
10	Tatal Dansinto (add Lines 44/4)						
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	780.00	780.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	780.00	780.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11113 1 61100	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(i) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	117.74	117.74
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	117.74	117.74
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1500.00	1500.00
Independent Expenditures		1000.00
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(") W W O	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7 7
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1617.74	1617.74
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1617.74	1617.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	780.00	780.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	780.00	780.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	117.74	117.74
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	117.74	117.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	PAGE		6	OF		22				
(check only one)											
X	11a		11b		11c		12	2			
	13		14		15		16	6		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU	URSE-MIDWIVES MIDWIVES-PAC	;
Full Name (Last, First, Middle Initial) Cheryl A Bachman		Date of Receipt
Mailing Address 379 Pleasant Ridge Court		01 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5358
Saline	MI 48176	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
IHA & Trinity Health	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) Marion Constable		Date of Receipt
Mailing Address PO Box		01
City	State Zip Code	Transaction ID : SA11AI.5357
Ketchum	ID 83340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Self	СМТ	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) . Hannah Epstein		Date of Receipt
Mailing Address 1379 9th Ave		01 14 2012
City San Francisco	State Zip Code CA 94122	Transaction ID : SA11AI.5360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Student- UCSF	Student	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	25.00	
SUBTOTAL of Receipts This Page (optional).	>	225.00
TOTAL This Period (last page this line number	er only)	

1mage# 12970440052 PAGE 7 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5358

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Form/Schedule: SA11AI Transaction ID: SA11AI.5357

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1mage# 12970440053 PAGE 8 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5360

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FC	DR	LINE	PAGE		9	OF		22			
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU	JRSE-MIDWIVES MIDWIVES-PAC	:
Full Name (Last, First, Middle Initial) A. Dana L Ericson		Date of Receipt
Mailing Address 1248 39th St.		01 17 2012
City	State Zip Code	Transaction ID : SA11AI.5367
Des Moines	IA 50311-2605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Midwife & Doula Services LLC	CNM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	
	25.00	
Full Name (Last, First, Middle Initial) 3. Sharon Foster		Date of Receipt
Mailing Address 7670 SW Cedar Ln		01 21 2012
City	State Zip Code	Transaction ID : SA11AI.5362
Augusta	KS 67010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Associates in Women's Health, PA	Nurse-midwife	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Eva Goodfriend-Reano		Date of Receipt
Mailing Address 2216 McGee Avenue		01 17 2012 _
City	State Zip Code	Transaction ID : SA11AI.5368
Berkeley	CA 94703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Self	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	30.00	
SUBTOTAL of Receipts This Page (optional).		155.00
TOTAL This Period (last page this line number	er only)	

1mage# 12970440055 PAGE 10 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5367

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Form/Schedule: SA11AI Transaction ID: SA11AI.5362

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1mage# 12970440056 PAGE 11 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5368

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

		_		_	MBER	:	PAGE		12	OF		22
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16			17

Mailing Address 104 Main Street City State Zip Code RI 02831 FEC ID number of contributing federal political committee. Name of Employer Occupation Nurse Midwife Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Pamela M Koehler Mailing Address 1212 Calhoun Street City State Zip Code IL 61354 FEC ID number of contributing federal political committee. Name of Employer Occupation Name of Employer Occupation CNM Receipt For: Occupation CNM Receipt For: Aggregate Year-to-Date ▼ Financy Code IL 61354 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Name of Employer Occupation CNM Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code TN 37206 A FEC ID number of contributing federal political committee. Name of Employer Occupation C Occupation C Occupation Aggregate Year-to-Date ▼ Code TN 37206 A FEC ID number of contributing federal political committee. Name of Employer Occupation	ate of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hope RI 02831 FEC ID number of contributing federal political committee. Name of Employer Self Nurse Midwife Receipt For: Primary General Other (specify) ▼ 100.00 Full Name (Last, First, Middle Initial) Pamela M Koehler Mailing Address 1212 Calhoun Street City State Zip Code Peru IL 61354 FEC ID number of contributing federal political committee. Name of Employer Occupation CNM Receipt For: Primary General Other (specify) ▼ 25,00 Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code Receipt For: Primary General Other (specify) ▼ 25,00 Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code TN 37206 A FEC ID number of contributing federal political committee. City Nashville TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	01 02 2012 Transaction ID : SA11AI.5366 mount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parnela M Koehler Mailing Address 1212 Calhoun Street City State Zip Code IL 61354 FEC ID number of contributing federal political committee. Name of Employer WHCC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Coccupation CNM Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code TN 37206 Full Name (Last, First, Middle Initial) State Zip Code TN 37206 A FEC ID number of contributing federal political committee. Name of Employer Occupation Coccupation	mount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Pamela M Koehler Mailing Address 1212 Calhoun Street City State Zip Code IL 61354 FEC ID number of contributing federal political committee. Name of Employer WHCC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation CNM Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code TN 37206 FEC ID number of contributing federal political committee. City Nashville TN 37206 A C C C C C C C C C C C C	
Self Receipt For: Primary General Other (specify) ▼	
Receipt For: Primary General 100.00	
Mailing Address 1212 Calhoun Street City State Zip Code Peru IL 61354 FEC ID number of contributing federal political committee. Name of Employer WHCC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code TN 37206 FEC ID number of contributing federal political committee. City State Zip Code TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	
City Peru REC ID number of contributing federal political committee. Name of Employer WHCC Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City Nashville REC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ 25.00 City State Tip Code TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	ate of Receipt
Peru IL 61354 FEC ID number of contributing federal political committee. Name of Employer WHCC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	01 13 2012
FEC ID number of contributing federal political committee. Name of Employer WHCC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City Nashville FEC ID number of contributing federal political committee. Name of Employer Coccupation CNM Aggregate Year-to-Date ▼ 25.00 Coccupation Aggregate Year-to-Date ▼ Coccupation CNM Aggregate Year-to-Date ▼ Coccupation CNM Aggregate Year-to-Date ▼ Coccupation CNM Aggregate Year-to-Date ▼ Coccupation Coccupation Coccupation Aggregate Year-to-Date ▼ Coccupation Coccupation Coccupation Coccupation Coccupation	Fransaction ID : SA11AI.5359
Name of Employer WHCC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City Nashville FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State The state of Employer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ City Aggregate Year-to-Date ▼ City Aggregate Year-to-Date ▼ City Aggregate Year-to-Date ▼ Coupation Coupation Coupation Aggregate Year-to-Date ▼ Coupation Coupation Coupation Aggregate Year-to-Date ▼ Coupation Coupation Coupation Aggregate Year-to-Date ▼ Coupation Coupation	mount of Each Receipt this Period
WHCC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City Nashville TN 37206 FEC ID number of contributing federal political committee. Name of Employer CNM Aggregate Year-to-Date ▼ 25.00 Capacital Political State The primary of the prima	25.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nicole Mercer Mailing Address 111 Creighton Ave. City State Zip Code Nashville TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	
City State Zip Code Nashville TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	
Mailing Address 111 Creighton Ave. City State Zip Code Nashville TN 37206 FEC ID number of contributing federal political committee. Name of Employer Occupation	ate of Receipt
Nashville TN 37206 FEC ID number of contributing federal political committee. C Name of Employer Occupation	01 21 _2012 _
Name of Employer Occupation	Transaction ID : SA11AI.5363 mount of Each Receipt this Period
	25.00
Not ampleyed, not votived	
Not employed; not retired Student	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00	
SUBTOTAL of Receipts This Page (optional)	

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5366

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Form/Schedule: SA11AI Transaction ID: SA11AI.5359

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1mage# 12970440059 PAGE 14 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5363

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	PAGE	1	15	OF		22				
(check only one)										
X 11a		11b		11c		12				
13		14		15		16			17	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU	JRSE-MIDWIVES MIDWIVES-PAC				
Full Name (Last, First, Middle Initial) Meredith C Rudish		Date of Receipt			
Mailing Address 20 E Dartmouth Rd.	01 10 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y				
City	State Zip Code	Transaction ID : SA11AI.5364			
Kansas City	MO 64113-2525	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation				
Wyandotte Lowly Health Dept.	CNM				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	50.00				
Full Name (Last, First, Middle Initial) 3. Susan Snydal					
Mailing Address 150 S 15th Street	M = M / D = D / Y = Y = Y				
Snydal City	State Zip Code	01 14 2012			
San Jose	CA 95112	Transaction ID : SA11AI.5361 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation				
AmericanCollegeOfNurseMidwives	Nurse-midwife,1				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00				
Full Name (Last, First, Middle Initial) Suzanne R Sudmeier		Date of Receipt			
Mailing Address 721 Lake Avenue		01 05 2012			
City Worthington	State Zip Code MN 56187-2731	Transaction ID : SA11AI.5369 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	ame of Employer Occupation				
Av Medical H	CNM				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	50.00				
SUBTOTAL of Receipts This Page (optional).		200.00			
TOTAL This Period (last page this line number	er only)				

1mage# 12970440061 PAGE 16 / 22

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5364

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Form/Schedule: SA11AI Transaction ID: SA11AI.5361

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1mage# 12970440062 PAGE 17 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5369

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

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ΟI	for commercial purposes, other than using the	name and address of any political committee to	SOUCH COMMUNICIES HOTH SUCH COMMINUTE.					
\rangle	NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC							
١.	Full Name (Last, First, Middle Initial) Diane E Utz Mailing Address 3724 Jefferson St.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Kansas City FEC ID number of contributing federal political committee. Name of Employer University Of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 64111-2818 C Occupation Student Aggregate Year-to-Date ▼ 50.00	Transaction ID : SA11AI.5365 Amount of Each Receipt this Period 50.00					
3.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Э.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt					
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period					
s	UBTOTAL of Receipts This Page (optional)	•	50.00					
T	OTAL This Period (last page this line number o	nly)	780.00					

1mage# 12970440064 PAGE 19 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5365

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 OF 2										
	•	Use separa	ate schedule(s)	1 -	LINE NUMBER: PAGE 20 OF 2 conly one)									
П	EMIZED DISBURSEMENTS	for each ca	ategory of the	X 21b	22	23	24		25		26			
		Detailed S	ummary Page	27	28a	28b	28		29		30b			
Γ.	by information conicd from such Departs and Ctaton	l	at he cold or us								_			
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full)										_			
$ \rangle$	AMERICAN COLLEGE OF NURSE		/EC MIDM	IIVES DAG										
/	AWERICAN COLLEGE OF NORSE	יועע טוועו-ב	VES MIDM	IVES-PAC										
_	Full Name (Last, First, Middle Initial)			I							_			
Α.	,	Date of Disbursement												
	Barik of Africia	M M / D D / Y Y Y Y												
	Mailing Address PO Box 25118				01	03)12					
	City	State	Zip Code		Transac	tion ID	. CD24	D E 222	,					
	Tampa	FL	33622		Hallsat	לווטוו	. 3621	D.3332						
	Purpose of Disbursement Merchant Fees													
					Amount o	f Each	Disburs	ement	this	Period				
	Candidate Name			Category/					33	3.79	1			
	000			Туре		7	7			0	4			
	Office Sought: House Disbursen		0											
		Primary	General											
	President State: District:	Other (specif	(y) \											
_														
D	Full Name (Last, First, Middle Initial)				Doto of F	Nichuroo	mont							
B. Bank of America					Date of Disbursement									
	Mailing Address PO Box 25118				M M M	04			12 12	Y				
	Mailing Address PO Box 25118				Ül	Ū.	,		712					
	City	State	Zip Code											
	Tampa	FL	33622		Transac	tion ID	: SB21	B.5333	3					
	Purpose of Disbursement													
	Returned check chargeback Fee for Carly E. Hamp	ton		1 []	Amount o	f Each	Disburs	ement	this	Period				
	Candidate Name			Category/					1.	2.00	1			
				Type		7	7		- '	2.00	4			
	Office Sought: House Disbursen													
		Primary	General											
		Other (specif	iy) ▼											
_	State: District:										_			
_	Full Name (Last, First, Middle Initial)				Dot/ 5	Nah	m o r t							
C.	Bank of America	Bank of America						Date of Disbursement						
	Mailing Address DOD 05440				M = M	/ D			Y 14.2	Y				
	Mailing Address PO Box 25118				01	05)	20)12					
	City	State	Zip Code											
	Tampa	FL	33622		Transac	tion ID	: SB21	B.5334	ŀ					
	Purpose of Disbursement													
	Returned check chargeback for Carly E. Hampton			Amount o	f Each	Disburs	ement	this	Period					
	Candidate Name			Category/				-			7			
				Type		7			12	2.00				
	Office Sought: House Disbursen	nent For:					,							
		Primary	General											
		Other (specif	fy) 🔻											
	State: District:													
										7.70	7			
8	SUBTOTAL of Disbursements This Page (optional)					7			5/	7.79				
Г											1			
1 7	OTAL This Period (last nage this line number only)													

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9	CHEDULE B (FEC Form 3X)		_							T = -				
		Use separate schedule(s)		OR LINE NUMBER: PAGE 21 OF 22 heck only one)										
ΙŢ	EMIZED DISBURSEMENTS	for each category of the	(c								7 05	105 —		
		Detailed Summary Page		^	21b 27	22 28a	-	23 28b	\square	24 28c	25 29		26 30b	
	ny information copied from such Reports and State for commercial purposes, other than using the nar												s	
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	AMERICAN COLLEGE OF NURS	E-MIDWIVES MIDW	/IVE	S-F	PAC	,								
	Full Name (Last, First, Middle Initial)													
Α.	Paypal INC					Date of Disbursement								
	Mailing Address 4100 Solutions Center #774100	01 11 2012												
	City	State Zip Code				Transaction ID : SB21B.5335								
	Chicago	IL 60677				Tran	sact	ion ID) : SB	21B.53	35			
	Purpose of Disbursement Paypal Fees		Τ.	_	7	Amount of Each Disbursement this Period								
	Candidate Name		Cot		0.1/		-	-	-	-	_			
			Cate Ty	ype	-y/		_	,		7	5	9.95		
		ment For:												
	Senate President	Primary General												
	State: District:	Other (specify) ▼												
_	Full Name (Last, First, Middle Initial)													
В.	Tull Name (Last, Flist, Middle Illitial)					Date	of Di	sburse	ement	t				
								M M / D D / Y Y Y Y						
	Mailing Address													
	City State Zip Code													
	Purpose of Disbursement		_	-	_									
						Amou	nt of	Each	Disb	urseme	nt this	Peri	od	
	Candidate Name		y/											
				/pe			_	7	_	7		-	_	
		ment For:												
	Senate President	Primary General												
	State: District:	Other (specify) ▼												
_														
C.	Full Name (Last, First, Middle Initial)					Date	of Di	sburse	ement	·				
٥.						Date	U		D		Y Y	V		
	Mailing Address									/	- 1	1		
	City													
	Purpose of Dishuraament	Т												
	Purpose of Disbursement								D: 1			<u>.</u>	1	
	Candidate Name					Amount of Each Disbursement this Period								
		Cate	egoi ype	'y /										
	Office Sought: House Disbursement For:							7		,				
	Senate	Primary General												
	President	Other (specify) ▼												
	State: District:													
Γ							-			-		0.0=	$\neg \overline{}$	
S	SUBTOTAL of Disbursements This Page (optional)				•			7		7	5	9.95		
	TOTAL This Desired (feet as 1811 ff										11	7.74		
·T	'OTAL This Period (last page this line number only													

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 22 OF 22										
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	IDLII.									
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 🖂 26									
	., .,	27	28a 28b 28c 29 30b									
Any information copied from such Reports and Stater												
or for commercial purposes, other than using the nan	ne and address of any politi	cai committee to	solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)		/IV/EC DAG										
$ \hspace{.05cm} \rangle$ AMERICAN COLLEGE OF NURSI	E-MIDANIAE2 MIDA	VIVES-PAC										
Full Name (Last, First, Middle Initial)												
A. MICHAEL BURGESS FOR CONG	MICHAEL BURGESS FOR CONGRESS											
	M M / D D / Y Y Y Y											
Mailing Address PO BOX 2334			01 01 2012									
City	State Zip Code											
DENTON	TX 76202		Transaction ID : SB23.5342									
Purpose of Disbursement												
Campaign Contribution			Amount of Each Disbursement this Period									
Candidate Name		Category/	1000.00									
Office Sought:	nent For: 2010	Туре	7									
Senate Seaght.	Primary Seneral											
President	Other (specify) ▼											
State: TX District: 26												
Full Name (Last, First, Middle Initial)												
B. PETE STARK RE-ELECTION CO	MMITTEE		Date of Disbursement									
Mailing Address B.O. DOV 2004			01 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
Mailing Address P.O. BOX 8331	01 10 2012											
City	State Zip Code		Transaction ID : SB23.5372									
FREMONT	CA 94537		Transaction id . 3623.3372									
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period									
Candidate Name			Amount of Each Dispursement this Period									
		Category/ Type	500.00									
Office Sought: House Disburser	nent For: 2012	71										
Senate	Primary General											
President	Other (specify) ▼											
State: CA District: 13												
Full Name (Last, First, Middle Initial) C.			Date of Disbursement									
0.			M M / D D / Y Y Y Y									
Mailing Address												
City	State Zip Code											
Purpose of Disbursement	T											
•	S. Piosa of Tion											
Candidate Name		Category/	Amount of Each Disbursement this Period									
		Type										
Office Sought: House Disburser												
Senate President	Primary General Other (specify) ▼											
State: District:	Oniei (specify)											
2.5												
SUBTOTAL of Disbursements This Page (optional)			1500.00									
TOTAL This Period (last page this line number only)			1500.00									